

## NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

WINSTON-SALEM REGIONAL OFFICE

## DIVISION OF WASTE MANAGEMENT UST SECTION

September 1, 1998

JAMES B. HUNT JR. GOVERNOR CERTIFIED MAIL Number: Z 172 416 668 RETURN RECEIPT REQUESTED

WAYNE MCDEVITY

and the property of the

Ms Martha Hall P.O. Box 396 Jamestown, NC 27292

> RE: Notice of No Further Action 15A NCAC 2L .0115(h) RISK-BASED ASSESSMENT AND CORRECTIVE ACTION FOR PETROLEUM UNDERGROUND STORAGE TANKS

Hall Property, Harold—Gw 5
106 W. Main Street
Jamestown, Guilford County
Incident #10002
Low Risk Classification

Dear Ms. Hall:

On October 4, 1994, the Division of Water Quality, Winston-Salem Regional Office received the Comprehensive Site Assessment (CSA) for the above-referenced site. A review of the report shows that soil contamination does not exceed the industrial/commercial maximum soil contaminant concentrations established in 15A NCAC 2L .0115(m). A review of the CSA also shows that contaminated groundwater does not exceed gross contamination levels that were established in 15A NCAC 2L .0115(g).

Based on information provided to date, the Division of Waste Management determines that **no further action** is required for this incident. This determination is conditional pending completion of the public notice specified below. Once proper public notice has been given, this determination will apply unless the DWM later determines that the discharge or release poses an unacceptable risk or a potentially unacceptable risk to human health or the environment.

Please be advised that because contaminated groundwater has not been restored to the level of the standard or interim standard established in 15A NCAC 2L .0202, groundwater within the area of contamination or within the area where contamination is expected to migrate, is not suitable for use as a water supply. Also be advised that because contaminated soil was not cleaned up to the residential maximum soil contaminant concentrations, the property containing soil contamination is not suitable for residential use (e.g., homes, day care centers, schools, recreation areas).

Pursuant to 15A NCAC 2L .0115(e), you have a continuing obligation to notify the DWM of any changes that you know of or should know of, that might affect the level of risk assigned to the discharge or release. Such changes include, but are not limited to, changes in zoning of real property, use of real property or the use of groundwater that has been contaminated or is expected to be contaminated by the discharge or release, if such change could cause the DWM to reclassify the risk. Please note that this responsibility not only pertains to changes involving the property on which the release occurred, but to changes involving the surrounding properties as well.

Please be advised that you must comply with the public notice requirements of 15A NCAC 2L .0115(k) as specified below. If public notice is not provided as required, this no further action determination will be deemed invalid. Within 30 days of receipt of this no further action notice, you must provide a copy of this notice to the following persons:

- local health director;
- City Manager
- all property owners and occupants within or contiguous to the area containing contamination; and
- all property owners and occupants within or contiguous to the area where the contamination is expected to migrate.

Copies of this no further action notice must be sent to the persons listed above by certified mail. If it is impractical to provide notice by certified mail to the occupants of apartment buildings, condominiums, office buildings, etc., you may post a copy of this notice in a prominent place where the occupants are most likely to see it.

Within 60 days of receiving this no further action notice, you must provide the DWM Winston-Salem Regional Office with proof of receipt of the copy of the notice or of refusal by the addressee to accept delivery of the copy of the notice. If a copy of the notice is posted, you must provide the DWM with a description of the manner in which the notice was posted.

Interested parties may examine the Site Closure Request by contacting *Mr. John Stewart* at (336) 272-9713. In addition, the DWM Winston-Salem Regional Office has the

Comprehensive Site Assessment Report along with other site information on file and available for public review. Interested parties may arrange to review this information by contacting the regional office as listed below. In addition, comments on the CSA Report and Site Closure Request may be submitted to the regional office.

DWM Winston-Regional Office % Guilford County Env. Health Attn: Gene Mao 1100 E. Wendover Ave., Greensboro, NC 27405 (336) 373-3771

Please be advised that you must close any monitoring wells or injection wells used to investigate or remediate this incident in accordance with 15A NCAC 2C .0113 and .0214, respectively. For guidance on closure of infiltration galleries, please contact the Winston-Salem Regional Office.

Should you have any questions concerning this notice, please contact Gene Mao at 373-3771.

Sincerely,

Cindy Rintoul, P.G. Regional Supervisor

Attachments: 15A NCAC 2C .0113

15A NCAC 2C .0214 Well Abandonment Form

cc: Incident Management Files

GCEH

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Should you have any questions concerning this notice, please contact Gene Mao at 373-3771. Thank you for using Return Receipt Service. Domestic Return Receipt Insured COD Addressee's Address Addressee's Address (Only if requested and fee is paid) also wish to receive the Consult postmaster for **-2**/ 🗆 🗆 A Return Receipt for Merchandise Z 172.416 **US Postal Service** Receipt for Certified Mail κį Express Mail No Insurance Coverage Provided. Registered Do not use for International Mail (See reverse) 02595-98-B-0229 rour name and address on the reverse of this form so that we can return this e "Return Receipt Raquested" on the mailpiece below the article number. Return Receipt will show to whom the article was delivered and the date Street & Number ထ c Post Office, State, & ZIP Code \$ Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Mr. and Mrs. Harold Hall Signature: (Addressee or Agent Return Receipt Showing to Received By: (Print Name) Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees P.O. Box 396 Postmark or Date Form  $\mathbf{S}$ NFA-LOW.WP

ls your <u>RETURN ADDRESS</u> completed on the reverse side?